

**Montana WIC Program  
Proof of Residency/Identity**



I \_\_\_\_\_ verify that I have no current proof of identity/residency for the following reason: \_\_\_\_\_

I attest that if I knowingly falsify information in order to receive benefits, I am subject to disqualification from the Montana WIC program.

\_\_\_\_\_/\_\_\_\_\_  
Participant Signature/Date

\_\_\_\_\_/\_\_\_\_\_  
WIC Staff Signature/Date

**This form MAY NOT BE USED if the participant forgot to bring in appropriate documentation.**

Scan into participant's file and issue only one month of benefits.

**This form is valid for one month**, except for homelessness and migrants, in which case document the living situation each time the participant visits the clinic.